



State of Rhode Island  
Department of State - Business Services Division

MAY 30 2024

02

Annual Report for the year:

2024

Corporation

- Filing period February 1 - May 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

25201

1. Entry ID Number 000090289		2. Exact name of the Corporation COASTAL EYE ASSOCIATES, INC			
3. Principal Office Address 17 WELLS STREET, SUITE 101			City WESTERLY	State RI	Zip 02891
4. NAICS Code 621320		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF OPTOMETRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name HOLLY MISTO			Vice-President Name SALVATORE MAGLIARI		
Street Address PO BOX 117			Street Address 27 PIEZZO DRIVE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name HOLLY MISTO			Director Name SALVATORE MIGLIARI		
Street Address PO BOX 117			Street Address 27 PIEZZO DRIVE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		<small>NUMBER OF SHARES      CLASS SERIES      PAR VALUE</small>			
		0	CNP	0.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative DANIEL J URSO, CPA				Date 9/27/23	
Signature of Authorized Representative 					

MAIL TO:  
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